

SETTLEMENT VOUCHER PREPARATION

BLOCKS 2-4 Put your name, rank and SSN here. Make sure this info is right on your orders.

BLOCKS 6-7 Put your personal address and phone number here.

BLOCK 11 Put the name and location of your permanent duty location here.

BLOCK 15a Put the year and dates you traveled.

BLOCK 15b Write the stops you made during your travel including start & end location.

BLOCK 16 Check either "Own/Operate" or "Passenger" if you used your PA

BLOCK 18 Put the date, type of reimbursable expense, and amount here.

BLOCKS 20a-b Sign and date here.

BLOCKS 21a-b Have your Approving Official sign and date here if necessary.

BLOCKS 22-28 Leave Blank

BLOCK 1 Check "Split Disbursement" box. Enter \$ amount spent on provided line.

BLOCK 8 Put your Travel Order # here (found on your TDY orders)

BLOCK 9 Put the amount of any travel advances made here

BLOCK 5 Check boxes "TDY" and "Member/Employee"

BLOCKS 10, 12-13 Leave Blank

BLOCK 14 Mark "yes" if you were authorized and shipped household goods to your TDY location.

BLOCK 15c List the different modes of travel you used here.

BLOCK 15d Put the correct codes (found on back of form 1351-2) here to show "reason for stop".

BLOCK 15e Enter the cost of lodging here. Don't include taxes if TDY was in

BLOCK 15f Put the number of miles traveled using your Private Auto (PA) here.

BLOCK 17 Check the box showing how long you were on TDY.

BLOCK 19 Put the date and number of Government deductible meals here.

BLOCKS 20c-d Have your Supervisor sign and date here.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue on remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA			
6. ADDRESS: a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES	
10. ORGANIZATION AND STATION		11. DEPENDENT(S) (X one and complete as applicable) a. ACCOMPANIED b. UNACCOMPANIED		12. DEPENDENT(S) ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		13. PAID BY	
14. NAME (Last, First, Middle Initial)		15. RELATIONSHIP		16. DATE OF BIRTH OR MARRIAGE		17. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
18. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		19. MEANS/MODE OF TRAVEL a. MEANS/MODE OF TRAVEL b. REASON FOR STOP c. LODGING COST d. POC MILES		20. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) a. YES b. NO (Explain in Remarks)		21. COMPUTATIONS	
22. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due		23. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		24. DURATION OF TDY TRAVEL a. 12 HOURS OR LESS b. MORE THAN 12 HOURS BUT 24 HOURS OR LESS c. MORE THAN 24 HOURS		25. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS	
26. CLAIMANT SIGNATURE		27. DATE		28. SUPERVISOR SIGNATURE		29. DATE	
30. APPROVING OFFICER SIGNATURE		31. DATE		32. ACCOUNTING CLASSIFICATION		33. COLLECTION DATA	
34. COMPUTED BY		35. AUDITED BY		36. TRAVEL ORDER/AUTHORIZATION POSTED BY		37. RECEIVED (Payee Signature and Date or Check No.)	
38. AMOUNT PAID		39. PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.		Reset		Exception to SF 1012 approved by GSA/IRMS 12.91	

BLOCK 29 Write any explanations for expenses incurred, leave taken, etc.

UNIT COMMENTS:
